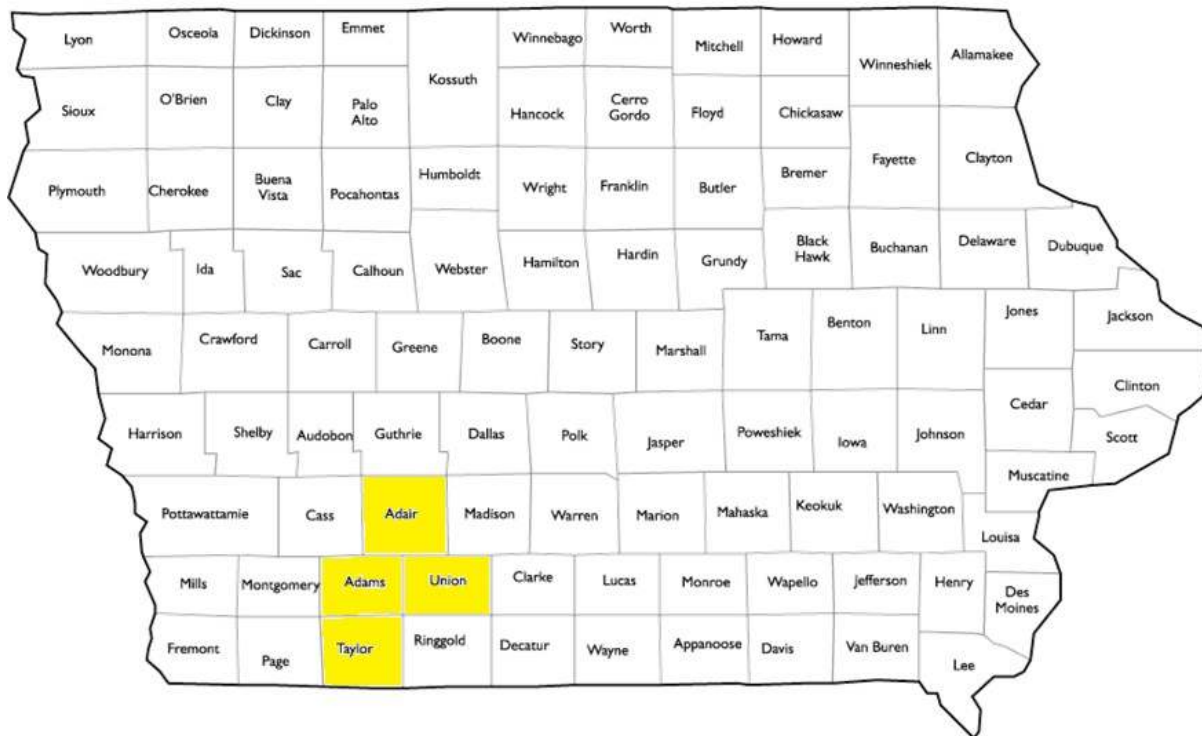


# Southern Hills Regional Mental Health Mental Health and Disability Services

## Annual Service and Budget Plan FY2018

Geographic Area: Adair, Adams, Taylor and Union Counties



# **Introduction**

Southern Hills Regional Mental Health (SHRMH) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SHRMH Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.

The Annual Service and Budget Plan has been approved by the SHRMH governing board and is subject to approval by the Director of Human Services.

SHRMH management plans are available at the SHRMH office, each member county Auditor's office and on the DHS website at [www.dhs.iowa.gov](http://www.dhs.iowa.gov)

## **Access Points**

An access point is a part of the service system or community that shall be trained to complete the Mental Health and Disability Services (MHDS) funding applications for persons with a disability and forward them to SHRMH office. Access points are educated on what programs are available to meet specific needs of applicant. SHRMH will provide ongoing training in funding streams and available services.

SHRMH shall designate the access points and their function(s) in the enrollment process.

Access Point	Address	Phone number
Adair County Public Health	117 NW Hayes, Greenfield, Iowa 50849	641-743-6173
Adams Taylor Union Case Management	Courthouse 500 Ninth St., P.O. Box 423, Corning, Iowa 50841	641-322-4203
Crossroads Mental Health Center	1003 Cottonwood Rd., Creston, IA 50801 Main Office	641-782-8457
	117 NW Hayes St., Greenfield, Iowa 50849	
	619 Court, Bedford, IA 50833	
	810 E. VanBuren, Lenox, IA 50851	
	603 David, Corning, IA 50841	
Crossroads Integrated Health Home	1003 Cottonwood Rd., Creston, IA 50801	641-278-1193
Southern Hills Regional Mental Health	106 Central, #106, Glenwood, Iowa 51534	712-525-1337

# **Targeted Case Management**

SHRMH offers access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving the SHRMH are accredited according to the rules of the Department of Human Services. Targeted Case Managers meet the qualifications as defined in IAC 441.24. Targeted Case Management and Service Coordination Services meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g, which may include the use of electronic recording keeping and remote or internet based training.

SHRMH has identified and designated the following providers for case management in the SHRMH region:

- Adams/Taylor/Union Case Management
- Department of Human Services Case Management

TCM Contact Information	Address	Phone number
Adams/Taylor/Union Case Management	500 Ninth Street, Corning, Iowa 50841	641-322-4203
Department of Human Services Case Management	116 N. Market, Audubon, Iowa 50025	712-563-4600

Southern Hills Regional Mental Health also provides Service Coordination for individuals who do not qualify for case management.

**Note:** Due to recent events related to changes in Medicaid Managed Care Organization protocols, there may be changes in designation of Targeted Case Management entities during FY18. It appears that for Medicaid beneficiaries assigned to an MCO, the service of Targeted Case Management is transitioning to an administrative cost built into the state of Iowa and MCO contracts. The impact on local service providers of TCM is currently unknown at the time this document was developed and submitted.

For the region budget, we used historical data for expenditure budget as it relates to region pay. We will reallocate that cost to other providers and/or identify in house coordination of what used to be Case Management service.

# **Crisis Planning**

## **Emergency Services**

Current basic crisis response provisions, including 24 hour access to crisis response and evaluation, is provided through Community Mental Health Centers and providers listed below.

<b>Area</b>	<b>Provider</b>	<b>Location</b>	<b>Phone</b>
Adair, Adams, Taylor, Union Co.	Crossroads Mental Health Center (outpatient crisis response) 24-hour telephone access using listed Creston phone number.	Creston, Corning, Lenox and Bedford Main office: 1003 Cottonwood Road, Creston, Iowa 50841	641-782-8457
Creston	Greater Regional Medical Center Emergency Room	1700 W. Townline, Creston, Iowa	641-782-7091
Corning	Alegent Health Hospital Emergency Room	603 Rosary Drive, Corning, Iowa	641-322-3121
Greenfield	Adair County Memorial Hospital Emergency Room	609 South East Kent, Greenfield, Iowa	641-743-2123

Southern Hills Regional Mental Health has involved all parties listed above in addition to magistrates, law enforcement and other stakeholders to ensure every effort is made to prevent in-patient hospitalization in a crisis. This includes involving our CMHC to interact with consumers and family members in a crisis situation with a plan to de-escalate and divert to immediate outpatient services if possible.

Crossroads Mental Health Center will provide follow-up contact services after immediate crisis resolution to ensure the most appropriate outcome. This may include outpatient services and/or referral to other service providers as needed and appropriate. Walk-in services are available during business hours.

SHRMH plans, in FY18, to focus on services and supports needed to intervene at an earlier level of crisis to avoid more intensive services. Levels of service needed will be established via information regarding current providers and services.

Services added during FY17 and continuing for FY18 include providing Mental Health First Aid training, initially focusing on law enforcement, schools, and other first-line entry points for persons in crises situations. Public education continues to be provided through Crossroads Mental Health Center. We have also expanded tele-psych through Integrated Telehealth Partners to including the regional jail settings.

We have also added access to a Crisis Bed Facility. While this facility is in an adjoining region, it is in a location easily accessible to consumers in the Southern Hills Region.

A new service being negotiated for FY18 is Hope4Iowa crisis call line through Boys Town which will provide direct follow-up to callers.

## **Scope of Services and Budget for FY18**

SHRMH continues in the development and expansion stage of standardization and regionalization. The FY18 budget was developed at the local level with input and collaboration with stakeholders to assess needs. Collaboration will continue to assess future projection of needs based on meeting the access standards as outlined in IAC 441-25.3.

As the funder of non-medicaid services, SHRMH is the funder of last resort. SHRMH recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

SHRMH shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. SHRMH shall be the funder of last resort and regional funds shall not replace other funding that is available. An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support.

SHRMH shall work to assess the needs of each consumer and strive to utilize all methods of supports and reimbursement including, but not limited to, natural supports, Medicaid and private insurance, and shall help the consumer apply for all appropriate funding and supports before providing regional funding if no other funding sources are identified. Through the regional service coordinator assistance is available to individuals in applying for all funding for which they are eligible.

SHRMH has contracted with Integrated Telehealth Partners beginning in FY16 to provide tele-psych services in hospital emergency rooms and jails within the region. Statistics from ITP show that this drastically cuts down on the waiting time for persons presenting to the emergency room in crisis. The instant availability of a psychiatrist via tele-health shortens the bed-finding time, possibly alleviates the need for a hospitalization, and provides follow-up plans for those not needing hospitalization before they leave the emergency room. During FY17 ITP was also integrated into the regional jail settings.

Pooled member county funds pay for all service and administrative claims. No state funds are expected.

## EXPENDITURE BUDGET

Access standards in IAC441-25.3(331) have been considered in the formation of the budget and are based on the projected need in the region. It is felt that access standards will be met based on the number of providers, their locations, historical data and input from stakeholders.

FY 2018 BUDGET	<u>SOUTHERN HILLS REGIONAL MENTAL HEALTH</u>	MI (40)	ID(42)	DD( 43)	BI (47)	Admin (44)	Total
<b>Core Domains</b>							
<b>COA</b>	<b>Treatment</b>						
43301	Assessment & evaluation						\$ -
42305	Mental health outpatient therapy	\$ 155,000					\$ 155,000
42306	Medication prescribing & management						\$ -
71319	Mental health inpatient therapy-MHI						\$ -
73319	Mental health inpatient therapy	\$ 20,000					\$ 20,000
	<b>Basic Crisis Response</b>						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 15,000					\$ 15,000
44305	24 hour access to crisis response	\$ 27,500					\$ 27,500
	<b>Support for Community Living</b>						
32320	Home health aide						\$ -
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 40,000					\$ 40,000
	<b>Support for Employment</b>						
50362	Prevocational services	\$ 1,500	12,000				\$ 13,500
50367	Day habilitation	\$ 5,000					\$ 5,000
50364	Job development						\$ -
50368	Supported employment	\$ 5,000					\$ 5,000
50369	Group Supported employment-enclave						\$ -
	<b>Recovery Services</b>						
45323	Family support						\$ -
45366	Peer support						\$ -
	<b>Service Coordination</b>						
21375	Case management						\$ -
24376	Health homes						\$ -
	<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - provider competency						\$ -
32396	Supported housing						\$ -
42398	Assertive community treatment (ACT)						\$ -
45373	Family psychoeducation						\$ -
	<b>Core Domains Total</b>	\$ 269,000.000	12,000	\$ -	\$ -		\$ 281,000
<b>Mandated</b>							

Services							
46319	Oakdale						\$ -
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	19,500					\$ 19,500
75XXX	Mental health advocate	15,000					\$ 15,000
	<b>Mandated Services Total</b>	<b>\$ 34,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 34,500</b>
Additional Core Domains							
	<b>Comprehensive Facility &amp; Community Based Crisis Services</b>						
44346	24 hour crisis line						\$ -
44366	Warm line						\$ -
44307	Mobile response						\$ -
44302	23 hour crisis observation & holding						\$ -
44312	Crisis Stabilization community-based services						\$ -
44313	Crisis Stabilization residential services	15,000					\$ 15,000
	<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds						\$ -
	<b>Justice system-involved services</b>						
46305	Mental health services in jails						\$ -
25xxx	Coordination services						\$ -
46422	Crisis prevention training						\$ -
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -
46399	Justice system-involved services-other						\$ -
	<b>Additional Core Evidenced based treatment</b>						
42397	Psychiatric rehabilitation (IPR)						\$ -
42366	Peer self-help drop-in centers						\$ -
	<b>Additional Core Domains Total</b>	<b>\$ 15,000 -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 15,000 -</b>
Other Informational Services							
03XXX	Information & referral						\$ -
04XXX	Consultation (except 422)						\$ -
05XXX	Public education						\$ -
	<b>Other Informational Services Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>
Other Community Living Support Services							
06399	Academic services						\$ -
22XXX	Services management	\$ 22,000	15,000				\$ 37,000
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						\$ -
24399	Health home other						\$ -
31XXX	Transportation	\$ 55,000	500				\$ 55,500



32321	Chore services						\$ -
32326	Guardian/conservator						\$ -
32327	Representative payee						\$ -
32399	Other support						\$ -
32335	CDAC						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)	\$ 1,000					\$ 1,000
33345	Ongoing rent subsidy						\$ -
33399	Other basic needs						\$ -
41305	Physiological outpatient treatment						\$ -
41306	Prescription meds						\$ -
41307	In-home nursing						\$ -
41308	Health supplies						\$ -
41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42310	Transitional living program						\$ -
42363	Day treatment						\$ -
42396	Community support programs						\$ -
42399	Other psychotherapeutic treatment						\$ -
43399	Other non-crisis evaluation						\$ -
44304	Emergency care						\$ -
44399	Other crisis services						\$ -
45399	Other family & peer support						\$ -
50361	Vocational skills training						\$ -
50365	Supported education						\$ -
50399	Other vocational & day services						\$ -
63XXX	RCF 1-5 beds						\$ -
63XXX	ICF 1-5 beds						\$ -
63329	SCL 1-5 beds						\$ -
63399	Other 1-5 beds						\$ -
	<b>Other Comm Living Support Services Total</b>	\$ 78,000	15,500	\$ -	\$ -		\$ 93,500
<b>Other Congregate Services</b>							
50360	Work services (work activity/sheltered work)	\$	75,000				\$ 75,000
64XXX	RCF 6 and over beds	\$ 300,000	8,000				\$ 308,000
64XXX	ICF 6 and over beds						\$ -
64329	SCL 6 and over beds						\$ -
64399	Other 6 and over beds						\$ -
	<b>Other Congregate Services Total</b>	\$ 300,000	83,000	\$ -	\$ -		\$ 383,000
<b>Administration</b>							
11XXX	Direct Administration					231856	231856
12XXX	Purchased Administration					46000	\$ 46000
	<b>Administration Total</b>					277856	\$ 277856
	<b>Regional Totals</b>			\$ -	\$ -	277856	\$ 1,084,856.00

(45XX-XXX)County Provided Case							\$ -
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Management							
(46XX- XXX)County Provided Services							\$ -
	Regional Grand Total						\$ 1,084,856

- Transfer Numbers
- 13951

Distribution to MHDS regional fiscal agent from member county
- 14951

MHDS fiscal agent reimbursement to MHDS regional member county

Core services without a budgeted line item will still be funded as necessary/appropriate/requested

## Financial Forecasting

Throughout the year SHRMH staff, the regional advisory board and local stakeholders will identify unmet needs and areas for service development, and accounting for legislative action which will be incorporated into subsequent budgets.

Core Services without a budget line item will be funded for members of the eligible population. In some cases there has been no demand for county funding for these services so forecasting of projected cost is not feasible at this time.

The implementation of new services will increase our expenditures in some service areas.

<b>Southern Hills Mental Health Region</b>		
<b>Projected Fund Balance as of 6/30/17</b>	<b>312,787.00</b>	
<b>Local/Regional Funds</b>		\$ 995,541
Property Tax Levied	995,541	
Client Fees		
<b>State Funds</b>		\$ -
MHDS Equalization		
State Payment Program		
<b>Federal Funds</b>		\$ -
Social services block grant		
Medicaid		
<b>Total Revenues</b>		\$ 995,541.00

<b>Total Funds Available for FY18</b>	\$ 1,308,328.00
<b>FY18 Projected Regional Expenditures</b>	\$ 1,084,856.00
<b>Projected Accrual Fund Balance as of 6/30/18</b>	\$ 223,472.00

## **Provider Reimbursement Provisions**

Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

SHRMH staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by SHRMH unless there is a statutory obligation. Fiscal year for SHRMH is July 1 – June 30.

Reimbursements shall be made on a fee for service basis with the exception of Crossroads Mental Health Center which is funded through a block grant. If funds become available as provider reimbursements are reevaluated, small start-up grant(s) will be considered to add new services or expand population groups served.

Consumers must apply for and utilize all other sources of payment including private insurance and medical assistance before eligibility for regional funding will be considered.

SHRMH will contract with traditional providers and non-traditional providers to ensure core services are available within the region. A non-traditional provider may be an individual, organization and/or business who deliver services in the consumer's home and/or other community setting, and who typically do not provide MH/ID/DD services as part of their normal business.

SHRMH shall begin to incorporate outcomes into provider contracts looking at a performance payment structure in the future.

SHRMH has identified the following providers as currently contracting with or have an agreement with the region. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals.

[illegible]